

Amendments 455, 529, 804, 864, 950, 1442, 1493, and 1505 have been moved from the category of Public Health to the category of Medicaid.

Amendments 359, 804, 984, 1442 are re-categorized to Economic Development

Amendment 1334 has been moved to Housing

Amendment 437 has been moved to Constitutional Officers

Amendments from Elder Affairs: 48, 65, 107, 108, 176, 202, 205, 211, 260, 300, 320, 335, 353, 354, 355, 356, 357, 358, 436, 439, 441, 460, 469, 489, 533, 536, 569, 636, 668, 669, 670, 671, 750, 793, 794, 827, 856, 866, 886, 957, 987, 994, 1076, 1115, 1128, 1129, 1176, 1193, 1225, 1282, 1283, 1344, 1423, 1499

Amendments from Medicaid: 15, 103, 116, 118, 127, 203, 210, 220, 309, 310, 311, 343, 401, 410, 418, 428, 429, 430, 431, 432, 433, 434, 453, 455, 529, 548, 614, 672, 694, 700, 715, 717, 738, 739, 769, 803, 829, 830, 831, 855, 864, 874, 876, 914, 938, 949, 950, 1022, 1025, 1031, 1032, 1033, 1034, 1059, 1071, 1087, 1093, 1142, 1152, 1155, 1159, 1185, 1200, 1202, 1205, 1208, 1209, 1234, 1306, 1316, 1319, 1322, 1342, 1345, 1349, 1350, 1360, 1382, 1394, 1421, 1428, 1451, 1489, 1493, 1495, 1505, 1512, 1514, 1553, and 1554

Mr. DeLeo of Winthrop and others move that the bill be amended in section 2 by striking out item 1599-1500.

and move to further amend the bill in section 2 by striking out item 4000-0300 and inserting in place thereof the following item:—

4000-0300 For the operation of the executive office, including the operation of the managed care oversight board; provided, that the executive office shall provide technical and administrative assistance to agencies under the purview of the secretariat receiving federal funds; provided further, that the executive office and its agencies, when contracting for services on the islands of Martha's Vineyard and Nantucket, shall take into consideration the increased costs associated with the provision of goods, services, and housing on said islands; provided further, that the executive office shall monitor the expenditures and completion timetables for systems development projects and enhancements undertaken by all agencies under the purview of the secretariat, and shall ensure that all measures are taken to make such systems compatible with one another for enhanced interagency interaction; provided further, that the executive office shall continue to develop and implement the common client identifier; provided further, that the executive office shall ensure that any collaborative assessments for children receiving services from multiple agencies within the secretariat shall be performed within existing resources; provided further, that funds appropriated herein shall be expended for the administrative,

contracted services and non-personnel systems costs related to the implementation and operation of programs authorized by sections 9A to 9C, inclusive, and sections 16B and 16C of chapter 118E of the General Laws; provided further, that such costs shall include, but not be limited to, pre-admission screening, utilization review, medical consultants, disability determination reviews, health benefit managers, interagency service agreements, the management and operation of the central automated vendor payment system, including the recipient eligibility verification system, vendor contracts to upgrade and enhance the central automated vendor payment system, the medicaid management information system and the recipient eligibility verification system MA21, costs related to the information technology chargebacks, contractors responsible for system maintenance and development, personal computers and other information technology equipment; provided further, that 50 per cent of the cost of provider point of service eligibility verification devices purchased shall be assumed by the providers utilizing the devices; provided further, that the executive office shall assume the full cost of provider point of service eligibility verification devices utilized by any and all participating dental care providers; provided further, that in consultation with the division of health care finance and policy, no rate increase shall be provided to existing medicaid provider rates without taking all measures possible under Title XIX of the Social Security Act to ensure that rates of payment to providers do not exceed such rates as are necessary to meet only those costs which must be incurred by efficiently and economically operated providers in order to provide services of adequate quality; provided further, that expenditures for the purposes of each item appropriated for the purpose of programs authorized by chapter 118E of the General Laws shall be accounted for according to such purpose on the Massachusetts management accounting and reporting system not more than 10 days after such expenditures have been made by the medicaid management information system; provided further, that no expenditures shall be made for the purpose of such programs that are not federally reimbursable, except as specifically authorized herein, or unless made for cost containment efforts the purposes and amounts of which have been submitted to the house and senate committees on ways and means 30 days prior to making such expenditures; provided further, that the executive office may continue to recover provider overpayments made in the current and prior fiscal years through the medicaid management information system, and that such recoveries shall be deemed current fiscal year expenditure refunds; provided further, that the executive office shall report quarterly to the house and senate committees on ways and means the amounts of said expenditure refunds credited

to each item of appropriation; provided further, that the executive office shall report quarterly to the house and senate committees on ways and means the amount of hand generated payments, to providers by item of appropriation from which said payments were made; provided further, that the executive office may collect directly from a liable third party any amounts paid to contracted providers under chapter 118E of the General Laws for which the executive office later discovers another third party is liable if no other course of recoupment is possible; provided further, that no funds shall be expended for the purpose of funding interpretive services directly or indirectly related to a settlement or resolution agreement, with the office of civil rights or any other office, group or entity; provided further, that interpretive services currently provided shall not give rise to enforceable legal rights for any party or to an enforceable entitlement to interpretive services; provided further, that notwithstanding any general or special law to the contrary, for fiscal year 2007 the definition of a rural hospital shall mean an acute care hospital as defined under section twenty-five B of chapter 111 of the General Laws and licensed under said chapter 111, which: (1) has been designated by the executive office as a rural hospital based on bed size, city or town population, and population density of the city, town, service area or county as determined by the executive office through regulation; or (2) is a hospital currently designated as a Critical Access Hospital by the Federal Department of Health and Human Services in accordance with federal regulations and state requirements; provided further, that the federal financial participation received from claims filed for the costs of outreach and eligibility activities performed at certain hospitals or by community health centers which are funded in whole or in part by federally permissible in-kind services or provider donations from the hospitals or health centers, shall be credited to this item and may be expended without further appropriation in an amount specified in the agreement with each donating provider hospital or health center; provided further, that the federal financial participation received from claims filed based on in-kind administrative services related to outreach and eligibility activities performed by certain community organizations, under the so-called "covering kids initiative" and in accordance with the federal revenue criteria in 45 CFR 74.23 or any other federal regulation which provides a basis for federal financial participation, shall be credited to this item and may be expended, without further appropriation, on administrative services including those covered under an agreement with the organizations participating in the initiative; provided further, that a hospital with a unit designated as a pediatric specialty unit or which maintains a level 1 burn and trauma center for pediatrics as defined in this

item shall be exempt from the inpatient and outpatient efficiency standards being applied to their rate methodology; provided further, that notwithstanding section 1 of chapter 118G of the General Laws or any general or special law to the contrary, for fiscal year 2007 the definition of a "pediatric specialty unit" shall mean a level 1 burn and trauma center for pediatrics or a pediatric unit of an acute care hospital in which the ratio of licensed pediatric beds to total licensed hospital beds as of July 1, 1994, exceeded 0.20; provided further, that in calculating that ratio, licensed pediatric beds shall include the total of all pediatric service beds, and the total of all licensed hospital beds shall include the total of all licensed acute care hospital beds, consistent with Medicare's acute care hospital reimbursement methodology as put forth in the Provider Reimbursement Manual Part 1, Section 2405.3G; provided further, that notwithstanding the provisions of any general or special law to the contrary, the executive office shall require the commissioner of mental health to approve any prior authorization or other restriction on medication used to treat mental illness in accordance with written policies, procedures and regulations of the department of mental health; provided further, that federal reimbursements received for administrative expenditures made pursuant to this item shall be credited proportionally to the General Fund and the Children's and Seniors' Health Care Assistance Fund, established under section 2FF of chapter 29 of the General Laws, in the same percentages as expenditures are made from this item; provided further, that not less than \$35,000,000 shall be expended for comprehensive dental benefits for adults within its MassHealth covered services which were in effect on January 1, 2002; provided further, that not less than \$18,200,000 shall be expended for MassHealth covered services which were in effect on January 1, 2002 for children below 300 percent of the federal poverty level; provided further, that not less than \$6,000,000 shall be expended for eyeglass benefits for adults within its MassHealth covered services which were in effect on January 1, 2002; provided further, that not less than \$1,000,000 shall be expended for chiropractic services for adults within its MassHealth covered services which were in effect on January 1, 2002; provided further, that not less than \$100,000 shall be expended for prosthetics benefits for adults within its MassHealth covered services which were in effect on January 1, 2002; provided further, that in determining inpatient rates for any acute hospitals the executive office shall utilize the same payment methodology, including all exemptions, rate adjustments and passthrough payments, as was in effect on July 1, 2003, except as provided in item 4000-1401; provided further, that in calculating rates of payment for children enrolled in MassHealth receiving

inpatient services at acute care pediatric hospitals and pediatric subspecialty units as defined in M.G.L. c.118G, section 1, the Executive Office of Health and Human Services shall make a supplemental payment, if necessary, sufficient to assure that inpatient rate payments for discharges with a case mix acuity greater than 5.0 shall be at least equal to 85% of the expenses incurred in providing services to those children; provided further, that notwithstanding any general or special law or regulation to the contrary the executive office of health and human services shall expend an amount not less than \$2,662,200 for a one time payment to a municipality in Essex County to defray the debt resulting from the operation of a former municipally owned hospital; provided further, that in determining outpatient rates for any acute hospitals the executive office shall utilize the same payment methodology, including all exemptions and rate adjustments, as was in effect on October 1, 2003; provided further, that said executive office shall not reduce the supplement to chronic disease and rehab hospitals administrative day rate below that which was granted during hospital fiscal year 2005; provided further, that a new methodology shall be established for rates reimbursed by the commonwealth through the division of health care finance and policy and the executive office of health and human services to cover the cost of care provided by any health care facility licensed by the department of public health as a non-acute chronic hospital with no fewer than 500 licensed beds as of June 30, 2005, with no fewer than 150,000 Medicaid patient days in the state fiscal year ended June 30, 2006, and with an established geriatric teaching program for physicians, medical students, and other health professionals, as follows: (1) the rate for any such facility shall be developed collaboratively through an agreement among the office of Medicaid, the division of health care finance and policy, and any such health care facility; provided that the process for development of this rate shall include a mechanism to adjust the rate to account for costs outside the reasonable control of the facility that may arise after the rate has been established; (2) the reimbursement methodology shall incorporate the following components: (a) utilization of the payment methodology in effect during fiscal year 2006 together with the most recent 403 cost report filed with the division of health care finance and policy, (b) a per diem rate shall be established which reimburses the full cost, including capital, for both acute and administratively necessary services, (c) a separate per diem rate shall be established which reimburses the full cost, including capital, for long term care services, (d) both rates shall include the full cost, not otherwise reimbursed, of teaching and research activities, and (e) rates shall be inflated over the base year period by the applicable medicare market basket inflation factors;

(3) until such time as the new reimbursement methodology is established pursuant to this section, the per diem rates for any such facility shall be increased by at least 34 dollars per day for the year starting July 1, 2006, and by 5 percent annually for each subsequent year; provided that, notwithstanding this section or any contractual or other provision of law, such facility shall have the right to an increase to the rate then in effect to account for costs outside the reasonable control of such facility that may arise; and (4) notwithstanding any other provision of law, in no event will the rates of payment be lower than the highest rate in effect for such facility in the previous state fiscal year; provided further, that said executive office in fiscal year 2007 shall not eliminate payment to hospital outpatient departments for primary care provided to MassHealth members; provided further, that not later than September 1, 2006, the executive office shall submit a report to the house and senate committees on ways and means detailing reasons for increases in chargebacks between fiscal years 2006 and 2007 for all 17 executive office cluster agencies including, but not limited to, service rates used in determining each charge type, number of staff hours per agency per service type, and a subsequent explanation as to how the increases result in a cost savings for each agency and the commonwealth, and why there is no subsequent decrease in either the cluster agency's or the executive office's administrative costs; provided further, that the report shall provide a detailed explanation and crosswalk of the transition of both funding and staff members from each agency to the executive office in fiscal years 2006 and 2007 for consolidation of centralized services; provided further, that the executive office, in consultation with the division of health care finance and policy, shall submit a report on the implementation of the "virtual gateway" project; provided further, that the report shall include, but not be limited to: (i) a list of providers that used the virtual gateway system in hospital fiscal year 2006; (ii) a list of providers who are scheduled to receive the virtual gateway system in hospital fiscal year 2007 (iii) an assessment of the current capability of the virtual gateway to screen eligibility for multiple health and human services benefits; (iv) the number of applications for MassHealth filed through the virtual gateway delineated by provider and MassHealth program; (v) the approval rate of MassHealth applications filed through the virtual gateway compared to applications filed through other means and the impact on overall MassHealth enrollment; (vi) the average time required for approval of applications filed through the virtual gateway; (vii) an assessment of the impact of the virtual gateway system on free care costs at participating providers compared to non-participating providers in hospital fiscal year 2007; (viii) a survey of

participating hospitals measuring the decreased or increased administrative costs for hospital staff; and (ix) the total state cost of the virtual gateway project in state fiscal years 2006 and 2007 and the amount of expected federal participation received for those expenditures; provided further, that the executive office shall submit its report to the chair of the house and senate committees on ways and means, and the chair of the joint committee on health care financing not later than February 1, 2007; provided further, that by October 1, 2006 the executive office shall develop a process whereby all participating providers who have signed the Virtual Gateway Services Agreement shall have access to the contents of the consolidated summary of an individual's application submitted through the virtual gateway; provided further, that notwithstanding any general or special law to the contrary, the executive office shall adopt regulations which increase premiums or cost sharing, or restrict eligibility and covered services only after public notice and hearing; and provided further that, notwithstanding any general or special law to the contrary, the secretary of the executive office of health and human services shall expend not less than \$150,000 for the purpose of identifying resources and establishing any interagency agreements within the secretariat, the departments or the commissions operating under the secretary for the purpose of opening access to an array of community-based services for citizens with adult-onset disorders, including information and referral for services available to said population..... \$208,507,515

General Fund 85.84%
 Children's and Seniors' Health
 Care Assistance Fund..... 14.16%

and move to further amend the bill in section 2 by striking out item 4000-0430 and inserting in place thereof the following item:—

4000-0430 For the commonhealth program to provide primary and supplemental medical care and assistance to disabled adults and children under sections 9A, 16 and 16A of chapter 118E of the General Laws; provided, that funds may be expended from this item for health care services provided to the recipients in prior fiscal years; provided further, that the executive office shall maximize federal reimbursement for state expenditures made on behalf of such adults and children; provided further, that children shall be determined eligible for the medical care and assistance if they meet the disability standards as defined by the executive office, which standards shall be no more restrictive than the standards in effect on July 1, 1996; provided further, that the executive office shall process commonhealth applications within 45 days of receipt of a completed application or within 90 days if a determination of disability is required; and provided further, that the secretary is hereby authorized to increase the enrollment cap for this program from 14,000 to 15,600 in fiscal year 2007\$68,032,473

and move to further amend the bill in section 2 by striking out item 4000-0600 and inserting in place thereof the following item:—

4000-0600 For health care services provided to medical assistance recipients under the executive office of elder affairs' senior care plan; provided, that funds may be expended from this item for health care services provided to these recipients in prior fiscal years; provided further, that no payment for special provider costs shall be made from this item without the prior written approval of the secretary of administration and finance; provided further, that not less than \$9,240,000 shall be expended for a demonstration project known as the "community choices" initiative; provided further, that under the demonstration, eligible MassHealth enrollees in the section 2176 elder care waiver shall be covered for any needed community services, including case management, from among those services available under the waiver or under the commonwealth's Title XIX state plan, for the purpose of delaying or preventing an imminent nursing home admission; provided further, that elders enrolled in the waiver at risk of imminent nursing home admission shall be provided information about the availability of such services; provided further, that for elders who have been determined to be at such imminent risk, have chosen to remain in the community, and for whom community care is medically appropriate, the executive office shall establish a funding level that, on a monthly average basis, is equal to 50 per cent of the median monthly per capita expenditure made by the executive office for nursing facility services provided to elders; provided further, that such funding level may include the costs of needed waiver services or other needed community services available to the elders under the state plan; provided further, that the executive office shall enter into an agreement with each aging service access point participating in the demonstration, which shall describe a system to be followed by each aging service access point, in accordance with state law and requirements under Title XIX of the Social Security Act, for coordination of both waiver and non-waiver community services needed by such eligible elders; provided further, that each aging services access point receiving funds under the demonstration project shall submit monthly reports to the executive office of health and human services and to the executive office of elder affairs on the care provided and the service expenditures made under the 2176 elder care waiver and such other information as specified by said executive offices; provided further, that the executive office of health and human services shall submit a report to the house and senate committees on ways and means detailing the projected costs and the number of individuals served by the "community choices" initiative in fiscal year 2007 delineated by federal poverty level; provided further, that the report shall be submitted not later than February 1, 2007; provided further, that notwithstanding any general or special law to the contrary, for any nursing home or nonacute chronic disease hospital that provides kosher food to its residents, the executive office of elder affairs, in consultation with the division of health care finance and policy, in recognition of the unique special innovative program status granted by the executive office, shall for any nursing home or nonacute chronic disease hospital that provides kosher food to its residents, continue to make the standard payment rates established in fiscal year 2006 to reflect the high dietary costs incurred in providing kosher food; provided further, that the executive office shall in correlation with the senior care options program explore options for enrolling the senior care population into managed care programs through federal waivers or other necessary means; provided further, that the secretary of elder affairs may transfer not more than 3 per cent of funds

appropriated in this item to item 4000-0620; provided further, that the executive office shall provide written notice to the house and senate committees on ways and means not less than 30 days prior to any transfer; provided further, that not less than \$2,000,000 shall be expended for the purpose of a housing with services demonstration project known as the "Caring Homes" initiative designed to delay or prevent nursing home placement by providing caregiving services to an elder; provided further, that under said demonstration project, eligible MassHealth enrollees shall be able to live in the home of an individual or relative, with the exception of spouses and dependent children, to provide for their long term supports, pursuant to regulations promulgated by said executive office; provided further, that notwithstanding any general or special law to the contrary, \$19,000,000 shall be utilized from this item for rate mitigation to help offset the impact of changes in the rate methodology calculation for fiscal year 2007; and provided further, that \$1,000,000 shall be expended for a one-time rate add-on for wages, compensation and/or salary and associated employee-related costs to personnel providing homemaker and personal care homemaker services to elderly clients under items 9110-1500, 9110-1630, and 4000-0600.....\$1,719,886,562

and move to further amend the bill in section 2 by striking out item 4000-0880 and inserting in place thereof the following item:—

4000-0880 For MassHealth benefits under clause (c) of subsection (2) of section 9A and section 16C of chapter 118E of the General Laws for children and adolescents whose family incomes as determined by the executive office are above 150 per cent of the federal poverty level; provided, that funds may be expended from this item for health care services provided to the children and adolescents in prior fiscal years; provided further, that the secretary is hereby authorized to increase the enrollment cap from 1,050 to 1,300 for HIV positive adults during fiscal year 2007; provided further, that children who have aged out of the custody of the Department of Social Services shall be eligible for these benefits until they reach age twenty; and provided further, that all federal reimbursements received for expenditures from this item under Title XXI of the Federal Social Security Act shall be credited to the Children's and Seniors' Health Care Assistance Fund \$80,162,969

Children's and Seniors' Health Care Assistance Fund 100.0%

and move to further amend the bill in section 2 by striking out item 4000-0890 and inserting in place thereof the following item:—

4000-0890 For the cost of health insurance premium subsidies paid to employees of small businesses participating in the insurance reimbursement program pursuant to the provisions of section 9C of chapter 118E of the General Laws; provided, that fiscal year 2007 eligibility for said program shall not exceed 300 percent of the federal poverty

level; provided further, that all federal reimbursements received for expenditures from this item pursuant to the provisions of Title XIX and Title XXI of the federal Social Security Act shall be credited to the Children's and Seniors' Health Care Assistance Fund; and provided further, that expenditures made for the purposes of this item shall not exceed the amount appropriated herein..... \$45,011,915

Children's and Seniors' Health Care Assistance Fund 100.0%

and move to further amend the bill in section 2 by striking out item 4000-1405 and inserting in place thereof the following item:—

4000-1405 For the operation of a program of preventive and primary care for chronically unemployed persons who are not receiving unemployment insurance benefits and who are not eligible for medical assistance but who are determined by the executive office of health and human services to be long-term unemployed; provided, that such persons shall meet the eligibility requirements established under the MassHealth program as established in section 9A of chapter 118E of the General Laws; provided further, that the income of such persons shall not exceed 100 per cent of the federal poverty level; provided further, that said eligibility requirements shall not exclude from eligibility persons who are employed intermittently or on a non-regular basis; provided further, that the provision of care to such persons under this program may, taking into account capacity, continuity of care, and geographic considerations, be restricted to certain providers; provided further, that funds may be expended from this item for health care services provided to recipients in prior fiscal years; provided further, that the secretary is hereby authorized to limit or close enrollment if necessary in order to ensure that expenditures from this item do not exceed the amount appropriated herein; provided further, that the secretary is hereby authorized to seek federal approval to increase the enrollment cap from 44,000 to 60,000 for this program during fiscal year 2007; provided further that notwithstanding subsection (3) of section 16D of chapter 118E of the General Laws or any other general or special law to the contrary, a person who is not a citizen of the United States but who is either a qualified alien within the meaning of section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 or is otherwise permanently residing in the United States under color of law shall be eligible to receive benefits under this item if such individual meets the categorical and financial eligibility requirements pursuant to this item; provided further, that such individual is either age 65 or older or age 19 to 64 and disabled; provided further, that any such individual shall not be subject to sponsor income deeming or related restrictions; and

provided further, that funds from this item for health care services
for said noncitizens may be expended as of the effective date of
this act \$305,262,512

and move to further amend the bill by inserting after section 11 the following section:—
SECTION XX. Section 18 of said chapter 118G, as so appearing, is hereby amended by adding
the following subsection:— (q) Within the Medical Assistance Trust Fund as established in
section 2QQQ of chapter 29, there is hereby established a MassHealth provider payment
account, administered by the secretary of the executive office of health and human services.
Subject to the availability of federal financial participation, funds may be expended from this
account for supplemental Medicaid payments to qualifying providers pursuant to an approved
state plan or federal waiver. All Title XIX federal financial participation revenue generated by
hospital payments funded by the Medical Assistance Trust Fund, whether the payments are made
by the division of health care finance and policy or the executive office of health and human
services, shall be credited to the General Fund.

and move to further amend the bill by adding the following section:—
SECTION XX. Section 128 of chapter 58 of the acts of 2006 is hereby amended by striking out
said section and inserting in place thereof the following new section:—
SECTION 128. Notwithstanding any general or special law to the contrary, in fiscal year 2007,
\$100,000,000 shall be made available from the Commonwealth Care Trust Fund, established by
section 2000 of chapter 29 of the General Laws, to pay for an increase in the Medicaid rates
paid to acute hospitals, as defined in section 1 of chapter 118G of the General Laws, physicians,
and community health centers, provided that not less than 15 per cent of the increase be allocated
to rate increases for physicians; provided further, that in fiscal year 2008, an additional
\$90,000,000, for a total of \$190,000,000, shall be made available from the Commonwealth Care
Trust Fund to pay for an increase in the Medicaid rates paid to acute hospitals, as defined in
section 1 of chapter 118G of the General Laws, and physicians, provided that not less than 15 per
cent of the increase be allocated to rate increases for physicians; and provided further, that in
fiscal year 2009, an additional \$90,000,000, for a total of \$280,000,000, shall be made available
from the Commonwealth Care Trust Fund to pay for an increase in the Medicaid rates paid to
acute hospitals, as defined in said section 1 of said chapter 118G, and physicians, provided that
not less than 15 per cent of the increase be allocated to rate increases for physicians.

and move to further amend the bill by adding at the end thereof the following section:—
SECTION XX. The Comptroller shall, in consultation with the office of the state treasurer, the
executive office for administration and finance, and the executive office of health and human
services, develop a schedule and make a series of transfers not to exceed \$251,000,000 from the
General Fund to the MassHealth provider payment account in the Medical Assistance Trust
Fund.

and move to further amend the bill by adding at the end thereof the following section:—
SECTION XX. Notwithstanding any general or special law to the contrary, the president of the
university of Massachusetts, upon the recommendation of the chancellor of the Worcester
campus that resources are available from the unrestricted non-appropriated revenues received by

said campus from the license agreements and services it provides to third parties, may make a payment to the General Fund of an amount representing all or part of the support provided by the commonwealth for the fringe benefits of university employees paid from state appropriated funds as such were determined for the Worcester campus for the fiscal years 1993 and 1994 under the September 22, 1992 memorandum of understanding between the secretary of administration and finance and said chancellor. These amounts may include support of the benefits provided by the state retirement system and/or the group insurance commission. The president shall notify the comptroller of the university's commitment to make such payments and these payments shall become obligations of the university upon notification.

and move to further amend the bill by adding at the end thereof the following section:—

SECTION XX. Notwithstanding any general or special law to the contrary, the president of the university of Massachusetts, upon the recommendation of the chancellor of the Worcester campus that resources are available from the unrestricted non-appropriated revenues received by said campus for the services it provides to third parties, may make a payment to the General Fund of an amount representing all or part of the capital appropriations made available to the university by the commonwealth in the prior fiscal year. The president shall notify the comptroller of the university's commitment to make such payments and such payments shall become obligations of the university upon such notification.

and move to further amend the bill by adding at the end thereof the following section:—

SECTION XX. Notwithstanding any general or special law to the contrary, the comptroller shall, in consultation with the state treasurer, the secretary of administration and finance and the secretary of health and human services, develop a schedule for transferring not less than \$750,000,000 from the General Fund to the Commonwealth Care Trust Fund. This schedule shall make the transfers in increments considered appropriate to meet the cash flow needs of the General Fund and the Commonwealth Care Trust Fund. The transfers shall not begin before July 1, 2006 and shall be completed on or before June 30, 2007.

and move to further amend the bill by adding at the end thereof the following section:—

SECTION XX. Item 1599-1499 of section 2A of chapter 101 of the acts of 1999 as amended by section 1 of chapter 47 of the acts of 2003 is hereby amended by striking out "2007 and ending in fiscal year 2010" and inserting in place thereof the following:— "2008 and ending in fiscal year 2011"

move to further amend the bill by adding at the end thereof the following section:—

SECTION XX. Notwithstanding any general or special law to the contrary, notwithstanding a member's coverage type or enrollment in a managed care organization, the division shall provide coverage for all emergency ambulance calls which result in a transport and shall provide coverage for all medically necessary non-emergency ambulance and wheelchair van trips. Provided, that medical necessity for non-emergency ambulance service shall be established by the completion of a medical necessity form signed by a physician, physician's designee, physician assistant, nurse midwife, dentist, nurse practitioner, managed care representative, or registered nurse. The member's record must support the information given on the Medical Necessity Form. The transportation provider is responsible for the completeness of Medical Necessity Forms.

The completed Medical Necessity Form must be kept by the transportation provider as a record for four years from the date of service.

and move to further amend the bill by adding at the end thereof the following section:—

SECTION XX. Notwithstanding any general or special law to the contrary, the comptroller, in consultation with the secretary of health and human services, shall develop a schedule for transferring not less than \$38,000,000 from the Commonwealth Care Trust Fund to the Essential Community Provider Trust Fund established in section 2PPP of chapter 29 of the General Laws for the purpose of making payments to hospitals and community health centers in fiscal year 2007. The secretary shall authorize expenditures from the fund without further appropriation for the purpose of a grant program to improve and enhance the ability of acute hospitals and community health centers to serve populations in need more efficiently and effectively, including, but not limited to, the ability to provide community-based care, clinical support, care coordination services, disease management services, primary care services, and pharmacy management services through a grant program. The office shall consider applications from acute hospitals and community health centers in awarding the grants, provided that the office shall publicize the existence of the grant program to eligible providers and shall award grants no later than March 31, 2007. The criteria for selection shall include, but not be limited to, the following criteria:— (i) the financial performance of the provider as determined, in the case of applications from acute hospitals, quarterly by the division of health care finance and policy and by consulting other appropriate measurements of financial performance; (ii) the percentage of patients with mental or substance abuse disorders served by a provider; (iii) the numbers of patients served by a provider who are chronically ill, elderly, or disabled; (iv) the payer mix of the provider, with preference given to acute hospitals where a minimum of 63 per cent of the acute hospital's gross patient service revenue is attributable to Title XVIII and Title XIX of the federal Social Security Act or other governmental payors, including reimbursements from the Health Safety Net Fund; (v) the percentage of total annual operating revenue that funding received in fiscal years 2005 and 2006 from the Distressed Provider Expendable Trust Fund comprised for the provider; and (vi) the cultural and linguistic challenges presented by the populations served by the provider.

And moves to further amend H4900 in section 2 in item 9110-0100 by adding at the end the following words:— “provided further, that \$300,000 shall be expended to operate the Senior Information Management System”, and striking at the end thereof the figures “\$2,208,089” and inserting in place thereof the following figures:— “\$2,508,089”

And moves to further amend the bill in section 2 by striking item 9110-1455 and inserting in place thereof the following item:—

9110-1455 For the costs of the drug insurance program authorized by section 39 of chapter 19A of the General Laws; provided, that amounts received by the executive office of elder affairs' vendor as premium revenue for this program may be retained and expended by the vendor for the purposes of the program; provided further, that notwithstanding any general or special law to the contrary, unless otherwise prohibited by state or federal law, prescription drug coverage or benefits payable by the executive office, and the entities with which it has contracted for administration of the subsidized catastrophic drug insurance program pursuant to section 39 of chapter 19A, shall be the

payer of last resort for such program for eligible persons with regard to any other third party prescription coverage or benefits available to such eligible persons; provided further, that said program is subject to appropriation and expenditures shall not exceed in fiscal year 2007 the amount authorized herein; provided further, that the executive office shall take steps for the coordination of benefits with the Medicare prescription drug benefit created pursuant to the federal Medicare Prescription Drug Improvement and Modernization Act of 2003, to ensure that Massachusetts residents take advantage of said benefit; provided further, that there shall be an open enrollment period, lasting not less than 1 month and not more than 2 months, that will begin April 15, 2007; provided, that the open enrollment shall be preceded by at least 30 days of advance public notice and marketing; provided further, that during the open enrollment period, individuals shall be enrolled in the program in the order in which the program receives their completed application; provided further, that not less than \$600,000 shall be made available for the operation of the pharmacy outreach program established by section 4C of said chapter 19A; provided further, that a person will also be eligible to enroll in the program at any time within a year of reaching age 65; and provided further, that the executive office may provide assistance for prescription drug costs to enrollees who qualify for Medicare Part D as well as assistance for premiums, deductibles, payments, and co-payments required by other plans which provide creditable prescription drug coverage as defined by section 104 of said Medicare Modernization Act, and which provide coverage of the cost of prescription drugs actuarially equal to or better than that provided by Medicare Part D\$62,672,979

And moves to further amend the bill in section 2, in item 9110-1500 by striking out the figures “\$42,831,919” and inserting in place thereof the following figures:— “\$43,331,919”

And moves to further amended the bill in section 2, in item 9110-1630, by inserting after the words “client services” the following: — “provided further, that not less than \$50,000 shall be made available for a pilot program for home health care to be administered by Community Parish Nursing in the town of Reading” and by striking out the figures “\$102,920,113” and inserting in place thereof the following figures:— “\$102,970,113”

And moves to further amend the bill in section 2 in item 9110-1636 by striking out the figure “\$495,000” and inserting in place thereof the following figure, “\$800,000” and by striking out the figure “\$13,656,546” and inserting in place thereof the following figure “\$13,961,546”.

And moves to further amend the bill in section 2 by adding after item 9110-1636, the following line item

9110-1640	For the Geriatric Mental Health Services program, including residential care, case management, and day treatment services, to deinstitutionalize or divert elders with serious and persistent mental illness from institutionalized settings.....	\$350,000
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And moves to further amend in section 2, by adding after item 9100-1636, the following line item:—

9110-1650	For the family caregivers program	\$500,000
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And moves to further amend the bill in section 2, in item 9110-1660, in line 1, by inserting after “elderly” the following:- “and provided further, that not less than \$150,000 shall be allocated to the Helping Elders at Risk Through Homes (HEARTH) program;” and in said item by striking out the figures “\$1,341,283” and inserting in place thereof the following figures:— “\$1,491,283”.

And moves to further amend the bill in section 2, in item 9110-1900, by striking out the figure “\$5,237,000” and inserting in place thereof the figure “\$5,487,000”

And moves to further amend the bill in section 2, in item 9110-9002, by inserting after the words “secretary” the following:- “provided that not less than \$50,000 shall be provided to the LGBT Aging Project” and by striking out the figures “\$7,500,000” and inserting in place thereof the following figures:— “\$7,550,000”